

TABLE OF CONTENTS

CHAPTER FOURTEEN

FAMILY PLANNING

Rule	Title	Page
560-X-14-.01	Family Planning - General	1
560-X-14-.02	Eligible Individual	1
560-X-14-.03	Family Planning Services	1
560-X-14-.04	Sterilizations	3
560-X-14-.05	Non-family Planning Services	4
560-X-14-.06	Reserved	5
560-X-14-.07	Consent for Health Services for Certain Minors and Others	5
560-X-14-.08	Family Planning Drugs	6
560-X-14-.09	Billing of Medicaid Recipients by Providers	6
560-X-14-.10	Reports	6
560-X-14-.11	Family Planning Manual	7

Chapter 14. Family Planning

Rule No. 560-X-14-.01. Family Planning - General.

- (1) Family planning services are defined as the services provided to:
 - (a) Prevent or delay pregnancy.
- (2) Family planning services are available through providers enrolled with the Alabama Medicaid Agency, including hospitals, primary care clinics, Rural Health Clinics, Federally Qualified Health Centers, Provider-based Rural Health Clinics, the Statewide Family Planning Project, Planned Parenthood of Alabama, Inc. and private physicians.
- (3) Acceptance of any family planning information or service is strictly voluntary on the part of the recipient, and no form of duress or coercion should be applied to gain such acceptance. Individuals are required to give written consent prior to receiving family planning services.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R. Section 440.40(c); Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended October 9, 1984, December 10, 1987, August 12, 1992, September 11, 1993, and October 13, 1998. **Amended:** Filed March 20, 2003; effective June 16, 2003.

Rule No. 560-X-14-.02. Eligible Individuals.

- (1) Eligible individuals are those females of childbearing age and males of any age, including minors who may be sexually active.
- (2) In determining recipient eligibility for family planning services, childbearing age is considered to be between 10 and 55 years of age.

Authority: State Plan; 42 C.F.R., Section 441.20; Title XIX, Social Security Act. Rule effective October 1, 1982. Amended December 10, 1987. Effective date of this amendment August 12, 1992.

Rule No. 560-X-14-.03. Family Planning Services.

- (1) The following services are covered services when provided by Family Planning providers. Details on criteria required for each type of service is listed in Appendix C of the Alabama Medicaid Provider Manual.
 - (a) Initial Visit - an in-depth evaluation of a new patient requiring the establishment of medical records, evaluation of the data obtained, comprehensive history, complete physical examination, appropriate diagnostic lab tests and/or procedures, contraceptive and sexually transmitted disease prevention counseling, and issuance of supplies or prescription as indicated. An initial visit is limited to one per provider per individual, per lifetime.

(b) Annual Visit - the re-evaluation of an established patient requiring an update to medical records, evaluation of the new data obtained, interim history, complete physical examination, appropriate diagnostic laboratory tests and/or procedures, family planning counseling, and adjustment of contraceptive management as indicated. An annual visit is limited to one per calendar year.

(c) Periodic Revisit - a follow-up evaluation of a new or existing family planning condition. Services include a review with update of history, a review of the effectiveness of current contraceptive method with counseling regarding any existing problems and adjustment of contraceptive method to include issuance of supplies as indicated. This visit includes scheduled follow-up, as medically indicated, of chosen birth control method. Limited to no more than four (4) revisits per calendar year.

(d) Home Visit - a brief evaluation by a medical professional in the home of established patients. Services provided include an abbreviated history, weight and blood pressure, and contraceptive counseling with issuance of contraceptive supplies if indicated. A follow-up clinic appointment is scheduled if indicated. Limited to one visit during the 60-day post partum period.

(e) Extended Family Planning Counseling Visit - a separate and distinct counseling service provided at the time of the post partum visit requiring a minimum of 10 minutes of face-to-face contact. Limited to one service during the post partum examination. This service is not available to an individual that has undergone a sterilization procedure.

(f) Routine laboratory screening tests such as pregnancy testing, STD/HIV test, Pap smear, hemoglobin or hematocrit and urinalysis are covered when performed as a part of the initial/annual family planning service.

(2) The following procedures are covered under Family Planning if provided for contraceptive purposes:

(a) Insertion or removal of implantable contraceptive capsules when performed by or under the supervision of a physician.

(b) Insertion or removal of intrauterine devices when performed by or under the supervision of a physician.

(c) Fitting of a diaphragm when performed by or under the supervision of a physician.

(3) Medically approved pharmaceutical supplies and devices such as oral contraceptive pills, foams, jellies, creams, diaphragms, intrauterine devices, injections and implants are covered if provided for family planning purposes.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R. Section 441.20; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended February 9, 1987, December 10, 1987, June 12, 1991, August 12, 1992, September 11, 1993, and August 12, 1995..

Amended: Filed February 18, 2003; effective May 16, 2003. **Amended :** Filed February 18, 2003. **Amended:** Filed March 20, 2003; effective June 16, 2003.

Rule No. 560-X-14-.04. Sterilizations.

Surgical procedures for male and female recipients as a method of birth control are covered services under the rules and regulations set forth below:

(1) Rules and Regulations Concerning Federal Financial Participation for Sterilization, effective February 6, 1979, apply in the following instances:

(a) The individual is at least twenty-one (21) years old at the time consent is obtained;

(b) The individual is not a mentally incompetent individual;

(c) The individual has voluntarily given informed consent in accordance with all requirements;

(d) At least 30 days, but not more than 180 days have passed between the date of informed consent and the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery.

(e) An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since informed consent for the sterilization was given. In case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

(2) Mentally Incompetent or Institutionalized Individuals: Payment is not available for the sterilization of a mentally incompetent or institutionalized individual.

(3) Claims for Sterilization Procedure Performed on or after February 6, 1979: Sterilization claims will be paid only when in conformity with the guidelines set forth in this regulation, and completion of consent forms, [three (3) copies of form 193]. See Chapter 28 of this Code for consent form sample. In the event that the recipient does not meet the above requirements and elects to have the sterilization, the provider may bill the recipient for the sterilization.

(4) Sterilization consent forms are to be completed as follows:

(a) The patient's birthdate will reflect the patient was at least 21 years of age when he/she signed and dated the consent form.

(b) The counselor's signature date, as well as the patient's signature date will reflect at least 30 days, but not more than 180 days have passed prior to the procedure being done.

(c) Due to the wording of the physician's statement, the physician signature and date can only be affixed after the procedure has been completed. The physician statement and signature must reflect at least 30 but not more than 180 days have passed since the patient signed.

(d) It is of vital importance that each copy of the consent form 193 be utilized in the correct manner. When these forms are fully completed:

Copy 1 - Patient - to be given to the patient.

Copy 2 - Payment Purpose - to be utilized for payment.

Copy 3 - Patient's Permanent Record - to be placed in the patient's permanent record with copies being made to accommodate both the facility and physician.

(5) Providers must submit a sterilization consent form with his claim or it will be returned. The provider must submit the claim within the time frame set forth by regulations in Chapter 1 of this Code, General.

(6) Sterilization reversals requested as a result of a previous voluntary surgical sterilization will not be covered.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R. Sections 441.250, 441.251, 441.252, 441.253, 441.257, 441.258, and Appendix to Subpart F; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended July 9, 1984, October 11, 1986, December 10, 1987, August 12, 1992, and September 11, 1993. **Amended:** Filed March 20, 2003; effective June 16, 2003.

Rule No. 560-X-14-.05. Non-family Planning Services.

(1) Medically necessary procedures for the treatment of illness or injury which would inevitably have a secondary effect of rendering an individual incapable of reproducing are not classified as family planning procedures. Claims for such procedures are payable based on determination of medical necessity under the same procedures used by the fiscal agent in claims processing.

(2) Sterilization by hysterectomy is not a family planning covered service.

(3) Abortions are not covered as a family planning service. Refer to Chapter 6 of this Code, Physician's Program.

(4) Hospital charges resulting from recipient deciding not to be sterilized after entering the hospital for sterilization purposes cannot be reimbursed as a family planning service.

(5) Removal of an IUD because the recipient has a uterine/pelvic infection is not considered a family planning service and is not reimbursable as such.

(6) Colposcopy and biopsy of cervix/vagina performed to identify and treat medical conditions are not considered family planning services.

(7) Medical complications requiring treatment (i.e., perforated bowel) caused by or following a family planning procedure cannot be a covered family planning service.

(8) Any procedure/service provided to a woman who is known to be pregnant cannot be considered a family planning service.

(9) Removal of contraceptive implants due to medical complications are not family planning services; however, the removal may be covered as a medical service through the Physician's Program.

(10) Diagnostic or screening mammograms are not considered family planning services.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R., Sections 401 et seq.; 441.250, 441.251, 441.252, and 441.255; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended July 9, 1984, March 12, 1987, December 10, 1987, August 12, 1992, and September 11, 1993. **Amended:** Filed March 20, 2003; effective June 16, 2003.

Rule No. 560-X-14-.06. Reserved.

Rule No. 560-X-14-.07. Consent for Health Services for Certain Minors and Others.

(1) Chapter 1 of this Code, General, contains references to the Code of Alabama, 1975, regarding the rights of minors to consent to any legally authorized medical, dental, or other health services for himself or herself.

(2) Illiterate recipients may give consent for family planning services by making their mark (i.e., "X") on the appropriate line. This type of consent for services must be witnessed by an adult with his/her signature after the phrase "witnessed by."

Authority: Code of Alabama, 1975, Section 22-8-1, et seq.; 42 C.F.R., Sections 401 et seq., 441.20. Rule effective October 1, 1982. Amended December 10, 1987. This amendment effective August 12, 1992.

Rule No. 560-X-14-.08. Family Planning Drugs.

(1) The co-payment on prescription drugs, and any indicated refills for Medicaid recipients does not apply to drugs and supplies designated as family planning items.

(2) Medically approved pharmaceutical supplies and devices such as oral contraceptive pills, diaphragms, intrauterine devices, injections and implants are covered if provided for family planning purposes.

Author: Leigh Ann Payne, Program Manager, Family Planning

Statutory Authority: State Plan; 42 C.F.R. Section 401, et seq.; Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended August 12, 1992. **Amended:** Filed February 18, 2003; effective May 16, 2003.

Rule No. 560-X-14-.09. Billing of Medicaid Recipients by Providers.

(1) Refer to Chapter 1 of this Code for general information regarding providers billing Medicaid recipients.

(2) Medicaid recipients are exempt from co-payment requirements for family planning services.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Section 447.15. Rule effective August 12, 1992. Effective date of this amendment August 12, 1995.

Rule No. 560-X-14-.10. Reports

(1) The Medicaid fiscal agent will provide a report on sterilization claims adjudicated to be used for reporting expenditures to Centers for Medicare and Medicaid Services.

(2) The fiscal agent shall generate a report of Family Planning expenditures to be used for reporting expenditures to the Centers for Medicare and Medicaid Services.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R., Section 401, et seq.; Title XIX, Social Security Act.

History: Rule effective October 1, 1982, and August 12, 1992. **Amended:** Filed March 20, 2003; effective June 16 2003.

Rule No. 560-X-14-.11. Alabama Medicaid Provider Manual.

(1) The Alabama Medicaid Provider Manual, including Appendix C, which details the elements of each family planning visit, instructions for completion of forms, and procedures to follow in the administration of the local program, is provided to each enrolled provider.

(2) Family planning providers will be required to follow procedures outlined in the manual. Failure to do so may result in the recoupment of claims paid to the provider.

Author: Leigh Ann Payne, Program Manager, Medical Services Division

Statutory Authority: State Plan; 42 C.F.R., Section 401, et seq.; Title XIX, Social Security Act.

History: Rule effective August 12, 1992. **Amended:** Filed March 20, 2003; effective June 16, 2003.

